

File No: 152--2015469 (MJ)  
A.P.N.: 002-091-05  
When Recorded, Mail Tax Statements To:  
LauraM. Belingheri  
P. O. Box85  
Panaca, NV> 89042

A.P.N.: **002-091-05**

### **AFFIDAVIT - TERMINATING JOINT TENANCY**

**LauraMarie Belingheri**, of legal age, being first duly sworn, deposes and says:

That **John Belingheri**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **John Belingheri** named as one of the parties in that certain **Quit Claim Deeds** dated **April 13, 1977 & April 15, 1977 respectively** executed by **Wayne Lee & Charlotte Lee, and Don Lee & Karen Lee, respectively** to **Lauri Marie Belingheri and John Belingheri** as joint tenants, recorded as Document No. **59636 and 59637 respectively** on **May 5, 1977 and May 5, 1977, respectively** in **Book 20, Page 424 and Book 20, Page 425 respectively** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

**Beginning at a point on the line One Hundred Fifty feet (150 feet) North of the Southeast corner of Lot Three (3) in Block Thirty-Seven (37), in the town of Panaca; thence running at right angles West One Hundred Thirty-Five feet (135 feet) to a point; thence North at right angles One Hundred Seventy-Three feet (173 feet) to a point; thence at right angles East One Hundred Thirty-Five feet (135 feet) to a point on the Street line which is Fifty-nine feet (59 feet) North of the Southeast corner of Lot Two (2), Block Thirty-Seven (37); thence South One Hundred Seventy-Three feet (173 feet) to the point of beginning.**

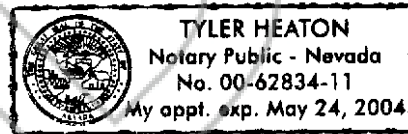
Date: 5/24/02

By: Laura Marie Belingheri  
Laura Marie Belingheri

STATE OF **NEVADA** )  
 )  
:SS. )  
COUNTY OF **Lincoln** )

This instrument was acknowledged before me on  
5/24/02 by  
Laura Marie Belingheri

Tyler Heaton  
Notary Public  
(My commission expires: May 24, 2004)



# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <b>John BELINGHERI</b>		<b>December 6, 1993</b>	<b>Lincoln</b>
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP, Emerg. Rm., Inpatient (Specify)
3b. <b>Caliente</b>		3c. <b>Grover C Dils Medical Center</b>	3e. <b>Inpatient</b>
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. <b>White</b>			7a. <b>72</b>
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education: Specify highest grade completed.
9a. <b>Utah</b>		9b. <b>U.S.A.</b>	10. <b>14</b>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [REDACTED]		14a. <b>Carpenter</b>	14b. <b>Construction</b>
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. <b>Nevada</b> 15b. <b>Lincoln</b>		15c. <b>Panaca</b>	15d. <b>PO Box 85</b>
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. <b>Dominick Belingheri</b>		17. <b>Minnie Masato</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Laura Belingheri</b>		18b. <b>PO Box 85 Panaca, Nevada 89042</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. <b>Burial</b>		19b. <b>Panaca Cemetery</b>	19c. <b>Panaca, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. <b>15</b>	20c. <b>P.O. Box 236 Caliente, Nevada 89008</b>
21a. <b>12-7-93</b>		21c. <b>0240</b>	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.)	21e. LICENSE NUMBER
		23a. <b>Earl Plunkett, MD., PO Box 30 Caliente, Nevada 89008</b>	23b. <b>4798</b>
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>[Signature]</i> <b>Betina M. Crosby, Reg.</b>		24b. <b>12-8-93</b>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death	
PART I (a) <b>Heart Failure</b>		Interval between onset and death: <b>days</b>	
(b) <b>Metastatic Breast cancer</b>		Interval between onset and death: <b>Months</b>	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
PART II		26. <b>No</b>	
27. <b>No</b>			
ACC. SUICIDE, HCM, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
28a.		28b.	28c.
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	DESCRIBE HOW INJURY OCCURRED
28e.		28f.	28d.
		LOCATION.	STREET OR R.F.D. No.
		28g.	CITY OR TOWN STATE

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **DEC 17 1993**

*[Signature]*  
No. **052871**  
**9007 165** PAGE **228**  
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

COPY

118465

FILED FOR RECORDING  
AT THE REQUEST OF

**First American Title**

2002 JUL 11 PM 4 58

LINCOLN COUNTY RECORDED  
FEE \$17.00  
DEP  
LESLIE BOUCHER RB